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|---|---------------------|--------------------------|------------|--------------------------------------|----------|--------------------------|---------------------------------------|------------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL  For FY 2009  |                     |                          |            | Complete if Known                    |          |                          |                                       |                  |
|   |                     |                          |            |                                      |          | 10/628,385-Conf. #3942   |                                       |                  |
|   |                     |                          |            | 9                                    |          | July 29, 2003            |                                       |                  |
|   |                     |                          |            |                                      |          | Soroush GHANBARI         |                                       |                  |
|   |                     |                          |            | Examiner Name                        |          | T. T. Vo                 |                                       |                  |
| Applicant claims small entity status. See 37 CFR 1.27   |                     |                          |            | Art Unit                             |          | 2621                     |                                       |                  |
| TOTAL AMOUNT OF PAYMENT (\$) 490.00   |                     |                          |            | Attorney Docket                      | No.      | 1906-0119P               |                                       |                  |
| METHOD OF PAYMENT (check all that apply)  |                     |                          |            |                                      |          |                          |                                       |                  |
| Check Credit Card Money Order None Other (please identify):   |                     |                          |            |                                      |          |                          |                                       |                  |
| x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP  |                     |                          |            |                                      |          |                          |                                       |                  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  |                     |                          |            |                                      |          |                          |                                       |                  |
| x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee  |                     |                          |            |                                      |          |                          |                                       |                  |
| X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  |                     |                          |            |                                      |          |                          |                                       |                  |
| FEE CALCULATION   |                     |                          |            |                                      |          |                          |                                       |                  |
| 1. BASIC FILING, SEAR   | CH, AND EXA         | MINATION FEE             | S          |                                      |          | <del></del>              |                                       |                  |
|   | FILIN               | IG FEES                  | SE         | ARCH FEES                            | EXAMIN   | NATION FEES              |                                       |                  |
| Application Type  | Fee (\$)            | Small Entity<br>Fee (\$) | Fee (\$    | Small Entity Fee (\$)                | Fee (\$) | Small Entity<br>Fee (\$) | Food                                  | Paid (\$)        |
| Utility   | 330                 | 165                      | 540        | 270                                  | 220      | 110                      | 1 003                                 | r asu (g)        |
| Design  | 220                 | 110                      | 100        | 50                                   | 140      | 70                       | N                                     |                  |
| Plant   | 220                 | 110                      | 330        | 165                                  | 170      | 85                       |                                       |                  |
| Reissue   | 330                 | 165                      | 540        | 270                                  | 650      |                          |                                       |                  |
| Provisional   |                     |                          |            |                                      |          | 325                      |                                       |                  |
|   | 220                 | 110                      | 0          | 0                                    | 0        | 0                        |                                       |                  |
| 2. EXCESS CLAIM FEES Small Entit Fee Description Fee (\$) Fee (\$)  |                     |                          |            |                                      |          |                          |                                       |                  |
| Tee Description   |                     |                          |            |                                      |          |                          |                                       | 26               |
| Each independent claim over 3 (including Reissues)  |                     |                          |            |                                      |          |                          | 220                                   | 110              |
| Multiple dependent clair  |                     |                          |            | 390                                  | 195      |                          |                                       |                  |
|   |                     |                          |            | ee Paid (\$)                         | М        | ultiple Depende          |                                       |                  |
| - or HP = X =   |                     |                          |            |                                      | _        |                          | ee Paid (                             |                  |
| HP = highest number of total claims paid for, if greater than 20.   |                     |                          |            |                                      |          |                          |                                       |                  |
| Indep. Claims   |                     |                          |            | e Paid (\$)                          |          |                          |                                       |                  |
| or HP = _   | x                   |                          |            |                                      |          |                          |                                       |                  |
| HP = highest number of indep  | pendent claims paid | for, if greater than     | 1 3.       |                                      |          |                          |                                       |                  |
| 3. APPLICATION SIZE FEE   |                     |                          |            |                                      |          |                          |                                       |                  |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                     |                          |            |                                      |          |                          |                                       |                  |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)   |                     |                          |            |                                      |          |                          |                                       |                  |
| -100 = /50 = (round <b>up</b> to a whole number) x  |                     |                          |            |                                      |          |                          |                                       | . u.u (ψ)        |
| 4. OTHER FEE(S)  Fees Paid (\$)   |                     |                          |            |                                      |          |                          |                                       |                  |
| Non-English Specification, \$130 fee (no small entity discount)   |                     |                          |            |                                      |          |                          |                                       |                  |
| Other (e.g., late filing surcharge): 1252 Extension for response within second month  |                     |                          |            |                                      |          |                          | 490.00                                |                  |
| SUBMITTED BY  |                     | 00                       |            |                                      |          |                          | · · · · · · · · · · · · · · · · · · · |                  |
| ··  | ny Could            | ll #46,60                | 7          | Registration No.<br>(Attorney/Agent) | 29,680   | Telephone                | (703) 20                              | 5-8000           |
| Name (Print/Type) Michael G. Mutter   |                     |                          |            |                                      |          | Date December 15, 2008   |                                       |                  |
|   |                     |                          |            |                                      |          |                          |                                       |                  |